

**Authors:** Mikaela Lowe & Fernanda Lara Peralta; MScOT Candidates, 2020

**Supervisor:** Dr. Lori Letts

### Abstract

**Introduction:** Dr. Mary Tremblay (1944-2009) was an Occupational Therapist, researcher, and historian. Her research interests focused on disability and war in the twentieth century, aging with a disability, and disability rights. In 1995, Dr. Mary Tremblay conducted a series of interviews with Canadian World War II (WWII) veterans with amputations, their spouses, and widows, which served as the dataset. The purpose of the following analysis was to contribute evidence surrounding the understanding of the experiences of Canadian veterans with disabilities as they reintegrated into civilian life. In light of current understandings of disability and masculinity the study aims to address the question of “how did Canadian World War II (WWII) veterans with amputations experience disability from the time of amputation to 1995”.

**Methods:** A phenomenological, archival analysis using a conventional inductive approach was used. The data set included eleven transcripts of oral history interviews previously collected by Dr. Mary Tremblay in 1995. The sample included nine male participants who were Canadian veterans of WWII and had sustained war-related amputations and two female participants who were widows of deceased veterans with war-related amputations.

**Findings:** The four main themes to emerge from the data as they relate to the experiences of WWII veterans with amputations were (1) support from veteran organizations impacting reintegration, (2) challenges and facilitators to community reintegration, (3) the impact of the amputation on disability self-perception, and (4) the impact of the amputation on the aging process.

**Conclusions:** The Canadian Veterans with amputations shouldered responsibility for their own successful reintegration. The ways in which the disability culture developed over this time period informs the individualized and masculine rhetoric of veteran rehabilitation that can still be seen today. Overall, a consequence of war is how it shapes the experience of disability.

**Introduction:** After the conclusion of World War II (WWII), many veterans returned home with amputations due to injuries during their service. Health professionals realized that in order to help the large number of veterans regain functioning, medicine had to move beyond surgical methods to physical and occupational therapy<sup>i</sup>. The state became invested in finding solutions to rehabilitate veterans so they could be reintegrated into the workforce and consequently address the financial burden in the post war period<sup>ii</sup>. The large number of veterans with physical disabilities also impacted the cultural understandings of disability. Cultural norms were popularized regarding living with an amputation in terms of community perception of disability, masculinity narratives, and prosthetic use. Little research, especially within the Canadian context, has explored the experiences of community reintegration and the personal responses to disability for veterans with amputations, which is surprising given that WWII saw developments in the progression of the rehabilitation field. The purpose of this study is to explore how disability was experienced by WWII Canadian veterans with amputations. Given the limited research on this topic, historical accounts may give rise to new understandings about the evolution of Canadian cultural understandings of disability, when viewed retrospectively.

**Methods:** The present study is an archival analysis of a data set collected by Dr. Mary Tremblay at various time points in the year 1995. The data included eleven written transcriptions of semi-structured, oral interviews conducted with male WWII veterans with amputations, their spouses, or their widows. Within the sample, seven veterans had experienced a lower extremity amputation and four veterans had experienced an upper extremity amputation. De-identified transcripts were uploaded to DEDOOSE software, which assisted in organizing the qualitative analysis. Based on a phenomenological tradition, a conventional inductive approach to content analysis was implemented to describe the lived experience of the veterans. The authors independently identified themes using line-by-line descriptive coding. The authors collaboratively reviewed the transcripts to determine a coding scheme. A shared list of codes emerged which was used to collectively recode all eleven transcripts. The codes were then clustered into categories and major themes. Rigor was enhanced by member checking undergone in 1995 on the original transcripts, a peer review performed (L.L.) halfway through coding process to ensure consistency between authors (F.L.P. and M.L.) and to offer plausible alternatives, and an audit trail and field notes were maintained during data analysis.

## Findings:

Theme	Categories	Illustrative Quote
<b>Support from veteran organizations as facilitating reintegration</b>	(1) Implications of formal support on civilian life. (2) Formal support obtaining a prosthetic.	<i>"When we applied for the civil service, the federal service, you had to go and write an extra [exam] there...and the priority was given to veterans, disabled veterans had first priority and then veterans of course."</i> - Participant 5 <i>"I got fired off a job because of my artificial leg."</i> - Participant 9
<b>The challenges and facilitators of community reintegration</b>	(1) Community perception to amputation. (2) Integration back into the workforce. (3) Peer influence.	<i>"They need to be able to discuss these things amongst themselves [within the War Amps], because wives and families wouldn't have a clue what they went through, and how to understand their reactions to adjusting when they came home"</i> -Participant 4 <i>"I was just the same as any two-legged guy walking down the street, I hunted, I fished, you name it, I did it."</i> -Participant 6
<b>The impact of the amputation on disability self-perception</b>	(1) Comparison to others with or without disabilities. (2) Positive or negative emotional reactions to the amputation. (3) Changes to independence post amputation. (4) Understanding of disability.	<i>"I can't answer your question, because I am not disabled. I'll be disabled the day I'm in a wheelchair and I hope that day never comes."</i> -Participant 6 <i>"[It] bothers them to think when they get out of bed at night and go to the bathroom, they have to crawl on all fours to get in there."</i> - Participant 11 <i>"If I see somebody doing something, I know I can do it and I do it."</i> - Participant 6
<b>The impact of the amputation on the aging process</b>	(1) Physical decline associated with aging. (2) Role loss caused by retirement and lack of ability to participate in desired activities.	<i>"The leg amps had a terrible time with their backs because they had been carrying around heavy artificial limbs."</i> -Participant 4 <i>"We have grandchildren and I think the problem with this is you can't do as much with your grandchildren as we could if I weren't in this situation."</i> - Participant 8

**Discussion:** The veterans' experiences living with an amputation were influenced by a tension between community acceptance and internalized stigma that arose from negative community perceptions. The negative community responses impacted their ability to obtain employment and to socialize with others. Alternatively, many participants commented on how society did not view them as disabled since they were able to participate in activities, such as sports and social gatherings. This demonstrates how in the twentieth century, disability acceptance began to emerge, but was narrowly applied to those that could persevere in order to overcome their physical limitations. The War Amps contributed to the veterans' experience as it provided peer support within a safe space that promoted a culture of disability acceptance. Veteran status was further influential as it enabled access to a system of formal supports. However, the system response homogenized the experience of amputations as the Department of Veteran Affairs' rehabilitation process consisted of the provision of a prosthetic as the solution to any barriers present to community reintegration. Although the prosthetic allowed the veterans to regain some level of independence, it also brought with it experiences of pain and led to accelerated physical decline. The veterans redefined their new identity as an individual with an amputation through a masculine lens. The masculine narrative that was common in the data centered around pushing through pain and not admitting to limitations. This narrative is in line with understandings of gender norms in the late twentieth century that are still prevalent today.

**Conclusion/Future directions:** The historical lens provides an understanding of the process of reintegration of veterans. Despite previous research suggesting that the World Wars served as the impetus for rehabilitation therapy services, the Canadian Veterans with amputations shouldered responsibility for their own successful reintegration. The ways in which the disability culture developed over this time period informs the individualized and masculine rhetoric of veteran rehabilitation that can still be seen today. This demonstrates how a consequence of war is the shaping of the experience of disability. Future research can investigate if there is a difference between the lived experiences of veterans with lower extremity vs upper extremity amputations.

**Acknowledgments:** We would like to gratefully acknowledge the work of Dr. Mary Tremblay, Melissa Caza, the archivist, and Dr. Lori Letts.

## Reference:

- i Eldar, R., & Jelic, M., (2003). The association of rehabilitation and war. *Disability and Rehabilitation*, 25(18), 1019-1023
- ii Stagni, S. B., Tombia, P., Vigano, A., Zati, A., Benedetti, M. G. (2015). The first world war drives rehabilitation toward the modern concepts of disability and participation. *European Journal Physical Rehabilitation and Medicine*, 51, 331-336